Signed statement attached deleting inventor(s) named in the prior application,

see 37 CFR 1.63(d)(2) and 1.33(b)

Certified Copy of Priority Document(s) (if foreign priority is claimed)

16. \_ \_ Applicant claims Small Entity Status. See 37 CFR 1.27:

I hereby	certify that this pape	r or fee is being deposited with the United States	Postal Service "Fxn	ress Mail Pos	t Office to Addresses" service	under 37 C E P		
§ 1.10	on the date indicated l	below and is addressed to the Commissioner for	Patents, Washington,	D.C. 20231.		o E		
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C985			CUSTOMER NO.		24353			
Ö U	UTILITY		Atty Docket No.		2300-1624	603		
<b>-</b>	PATEN	First Named I	nventor	Williams, et al.	<del>- 7</del>			
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• (O	nly for new nonprovi	sional applications under 37 CFR 1.53(b))			·			
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See MI	PEP chapter 600 co	ncerning utility patent application contents			Washington, D.C. 20231	<del></del>		
1. X مسابر برسام	<ul><li>Descriptive title</li><li>Cross Reference</li><li>Statement Rega</li></ul>	ement set forth below) of the invention to Related Applications rding Fed sponsored R & D crofiche Appendix  he Invention	5 Microfiche Computer Program (Appendix)  6X Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  aX Computer Readable Copy bX Paper Copy (identical to computer copy) cX Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS					
į		n of the Drawings (if filed)	7 Assignment Papers (cover sheet & document(s))					
- J. J.	- Detailed Descrip	otion	8 37 CFR 3.73(b) Statement _ Power of					
	- Claim(s) - Abstract of the I	(when there is an assignee) Attorney						
	- Mostract of the I	Jisciosure .	9 English Translation Document (if applicable)					
3. =	Drawing(s) (35 U	SC 113) Total Sheets						
4. X	Oath or Declaration	on Total Sheets	10 Informa	tion Disclos nt (IDS)/PT				
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	i Signed	DELETION OF INVENTOR(S) statement attached deleting	13 Small E Stateme	ntity	Statement filed in prior a Status still proper and desire	pplication ed		

## CLAIMS

c. X Unsigned

No. of claims as filed or after amendment			Most claims previously paid		Extra claims		Fee from below		Fee Due
Total claims	15	-	20	=		х		=	\$
Ind. claims	6		3	=	3	х	-	=	
Multiple Dependent claims						х	~ .	=	

15. \_\_\_ Other:



16. If a CO	ONTINUING APPLICATIO	N, check appropriat	e box and sı	apply the requisite inf	ormation:			
` —	Continuation	Divisional	_	Continuation-in-pa	art (CIP) of prior application	No/		
		17. CORRES	SPONDEN	CE ADDRESS				
Individual Name	e				<del></del> .			
Firm Name	Chiron Corporatio	Chiron Corporation Intellectual Property –R440						
Address	PO Box 8097	PO Box 8097						
City, State, Zip	Emeryville	Emeryville						
Country	U.S.A.	U.S.A.						
Telephone	(510) 923-8406	(510) 923-8406 Facsimile (510) 655-3542						
	SIGNA	ΓURE of Attorney,	Agent, App	olicant or Assignee o	f Record			
Individual Name	Carol L. Francis							
Registration No.	n 36,513							
Signature	nature Caust & Sull!							
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